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# INTRODUCTION

## PROGRAM OVERVIEW

The HIV/AIDS Prevention, Ryan White Title II, and Hepatitis Programs are part of the Nebraska Health and Human Services System (HHSS). The Health and Human Services System is comprised of three distinct agencies: Services, Regulation and Licensure, and Finance and Support. The HIV/AIDS Prevention, Ryan White Title II, and Hepatitis Programs operate under the Services branch.

The HIV/AIDS Prevention Program includes:

- Health Education and Risk Reduction
- Counseling Testing Referral / Partner Counseling and Referral
- Subgrant Management and Special Projects
- Public Information and Education
- Assessment and Evaluation
- Community Planning

The Ryan White Title II Program includes:

- AIDS Drug Assistance Program (ADAP)
- Client Services
- HIV Case Management

The Hepatitis Prevention Program includes:

- Hepatitis Education
- Counseling and Testing
- Harm Reduction



The glue that connects the HIV/AIDS Prevention, Ryan White Title II, and Hepatitis Prevention Programs is the Nebraska HIV CARE and Prevention Consortium (NHCP). The NHCP is a statewide community planning group that merges the prevention and care initiatives.

AIDS Surveillance (collection of data, reporting, and tracking morbidity) and Sexually Transmitted Disease services (investigations, data collection, partner notification, and morbidity tracking) are administered under the Regulation and Licensure agency of the Nebraska Health and Human Services System.

Close communication between all these programs ensures unified efforts, cross collaboration, and best use of shared resources.

## ORIGINS AND PURPOSE OF HIV PREVENTION COMMUNITY PLANNING

In 1993, the Centers for Disease Control and Prevention (CDC) directed states and localities that receive funding for HIV prevention to conduct a community planning process. HIV Prevention Community Planning was built around the following principles:

- HIV Prevention Community Planning reflects an open, candid, and participatory process, in which differences in cultural and ethnic background, perspective, and experience are essential and valued.
- HIV Prevention Community Planning is characterized by shared priority setting between health departments administering and awarding HIV prevention funds and the communities for whom the prevention services are intended.
- Priority setting accomplished through a community planning process produces programs that are responsive to high priority, community-validated needs within defined populations. Persons at risk for HIV infection and persons with HIV infection play a key role in identifying prevention needs not adequately met by existing programs and in planning for needed services that are culturally appropriate. HIV prevention programs developed with input from affected communities are likely to be successful in garnering the necessary public support for effective implementation and in preventing the transmission of HIV infection.

In 2003, the CDC set three major goals for HIV Prevention Community Planning. These goals are:

1. Community planning supports broad-based community participation in HIV prevention planning.
2. Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction.
3. Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the comprehensive HIV prevention plan.

### *Comprehensive Planning Process: Prevention*

To ensure that the HIV Prevention Community Planning process is carried out in a participatory manner, the CDC expects community planning groups (CPGs) to address the following *Guiding Principles of HIV Prevention Community Planning*:

1. The health department and community planning group must work collaboratively to develop a comprehensive HIV prevention plan for the jurisdiction.
2. The community planning process must reflect an open, candid, and participatory process, in which differences in cultural and ethnic background, perspective, and experience are essential and valued.
3. The community planning process must involve representatives of populations at greatest risk for HIV infection and persons living with HIV (PLWHA).
4. The fundamental tenets of community planning are parity, inclusion, and representation (often referred to as PIR).
  - *Parity* is defined as the ability of members to equally participate and carry out planning tasks and duties.
  - *Inclusion* is defined as meaningful involvement of members in the process with an active voice in decision making.

- *Representation* is defined as the act of serving as an official member reflecting the perspective of a specific community.
5. An inclusive community planning process includes representatives of varying races and ethnicities, genders, sexual orientation, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.
  6. The community planning process must actively encourage and seek out community participation.
  7. Nominations for membership should be solicited through an open process, and candidate selection should be based on criteria established by the health department and the community planning group.
  8. An evidence-based process for setting priorities among target populations should be based on the epidemiological profile and the community services assessment.
  9. Priority setting for target populations must address populations for which HIV prevention will have the greatest impact.
  10. The set of prevention interventions and activities for prioritized target populations should have the potential to prevent the greatest number of new infections.

## ORIGINS AND PURPOSE OF HIV CARE PLANNING

Title II of the Ryan White CARE Act requires states to develop a comprehensive plan for the organization and delivery of HIV care and support services to be funded. This plan is integrated into Nebraska's annual Title II application. The CARE Act also requires states to coordinate the development of a Statewide Coordinated Statement of Need (SCSN). States are expected to provide the following planning-related information in describing the use of Title II funding.

- The purpose for which the state intends to use Title II funding to include services and activities to be provided, and an explanation of how the state would maximize the quality of health and support services available to all PLWHA.
- How funded services will be coordinated with related services (to include other Ryan White funded entities) for individuals with HIV disease.
- How the allocation and use of resources are consistent or not with the SCSN.

### **Comprehensive Planning Process: CARE**

Utilizing epidemiological data and needs assessment information, the comprehensive planning process examines the HIV care needs for the state and assesses the resources available to meet those needs and to overcome barriers to service provision. The comprehensive plan sets annual goals while addressing the vision and values that guide the development of a comprehensive system of care and support services.

## **WHAT IS A COMPREHENSIVE HIV PREVENTION PLAN?**

In 1994, the Centers for Disease Control and Prevention (CDC) mandated that all programs receiving HIV prevention funds implement a comprehensive community planning process. The plan is developed using a process in which state health departments, community representatives, and members of the identified risk populations all participate. That community planning process is now a key component of national prevention efforts. The role of those involved is twofold. The community planning group, regardless of structure, is charged with:

- 1) identifying and prioritizing target populations for HIV prevention which reflect the epidemiological makeup of the respective area; and
- 2) identifying prevention interventions based on sound behavioral theory, which are anticipated to be programmatically cost effective in working with the priority populations.

Through the community planning process, the plan identifies persons at increased risk and interventions used in reaching those populations. The community planning group is expected to regularly review, revise, and refine community plans indicated by new or enhanced surveillance data, intervention research, needs assessment, resource inventory, program policy, or technological transferring of information.

The essential elements of a Comprehensive HIV Prevention Plan include:

- Epidemiological Profile: describes the impact of the HIV epidemic in the jurisdiction and provides the foundation for prioritizing target populations;
- Community Services Assessment: describes the prevention needs of populations at risk for HIV infection, the prevention activities/interventions implemented to address these needs, and service gaps;
- Prioritized Target Populations: focuses on the set of target populations (identified through the epidemiologic profile and community services assessment) that require prevention efforts due to high rates of HIV infection and high incidence of risky behavior;
- Appropriate Science-Based Prevention Activities/Interventions: a set of prevention activities/interventions (based on intervention effectiveness and cultural/ethnic appropriateness) necessary to reduce transmission in prioritized target populations; and
- Letter of Concurrence/Concurrence with Reservations/Non-Concurrence: describes via a written response from the CPG whether the health department application does or does not, and to what degree, agree with the priorities set forth in the Comprehensive HIV Prevention Plan.

Additional components of the Comprehensive HIV Prevention Plan include information related to the Ryan White Title II, Hepatitis Prevention, and Sexually Transmitted Disease Programs.

### Ryan White Title II Program

The purpose of the Ryan White Title II Program is to provide funding for the following program areas:

- The AIDS Drug Assistance Program (ADAP) – providing therapeutic medications for the treatment of HIV infection.
- Direct Emergency Assistance – providing support services such as housing, utilities, transportation, food, and insurance premium payment assistance.
- Comprehensive case management services – providing access to Ryan White funded services and assistance in accessing other eligible services for qualified clients.

Nebraska's Ryan White Title II program is administered by the Nebraska Department of Health and Human Services. The program provides the above services to individuals who reside in the state, meet financial eligibility requirements, and have no other access to the above services.

The Ryan White Title II program is funded through federal Ryan White CARE Act legislation. The Health Resources and Services Administration (HRSA) is the federal entity responsible for the administration of Ryan White funding. Ryan White Title II funding is allocated to all fifty states and U.S. Territories through formula funding.

### Hepatitis Prevention Program

The purpose of the Hepatitis Prevention Program is to reduce the transmission of Viral Hepatitis by integrating the Centers for Disease Control and Prevention (CDC) guidelines into existing disease prevention programs that share the same risk factors and transmission modes as Viral Hepatitis. Federal funding from the CDC enables the program to work with community based organizations, health departments, and educational institutions; thus enabling providing continuing education of health care professionals, counseling and testing of high-risk populations, and harm reduction concepts. The majority of program funds are used to provide technical educational updates for health care professionals and prevention messages to high-risk populations.

The CDC has estimated that one out of every three people infected with HIV is also infected with the Hepatitis C virus (HCV). The presence of the Hepatitis C virus and HIV in a client can impact the treatment and management of both HCV and AIDS. Co-infection with the AIDS virus and the Hepatitis C virus has been associated with higher titers of the Hepatitis C virus, a more rapid progression to liver disease, and an increase risk for cirrhosis of the liver. Since highly active antiretroviral therapy and prophylaxis treatment for opportunistic infections have increased the life span of AIDS patients, Hepatitis C related liver disease has become a major cause of hospital admissions and is the leading cause of death among AIDS patients.

### Sexually Transmitted Disease Program

The goal of the Nebraska Sexually Transmitted Disease (STD) Program is to control and prevent sexually transmitted diseases and reduce the burden and cost of these infections. The program assists state, local, and community efforts to help prevent the spread of chlamydia, gonorrhea, syphilis, hepatitis, and other STDs.

STD reports are strictly confidential. In Nebraska, as in most states, syphilis, gonorrhea, HIV/AIDS, and chlamydia are reported to the appropriate health department. Laboratories and health care providers provide the health department with information for controlling and preventing sexually transmitted diseases. Prompt reporting and accurate information is important for clients that may need treatment, for identifying sex partners who may be infected, and for monitoring disease trends.

Health professionals interview infected people to identify, locate, and treat sex partners, to ensure proper treatment, and to provide information to help prevent re-infection. Testing people who have no signs or symptoms of illness is important in the control of STDs. The Nebraska Infertility Prevention Program works with cooperating family planning and health care facilities throughout the state, testing 30,000 persons per year for chlamydia and gonorrhea.

The program makes available the latest guidelines regarding sexually transmitted diseases and their diagnosis and treatment to the STD health care providers in Nebraska. Information, educational materials, and posters are distributed to screening sites and community agencies.



## **WHAT BEHAVIORS PLACE A PERSON “AT RISK” FOR HIV?**

The behaviors that place a person at risk for HIV include: anal sex involving either men or women without a condom; vaginal sex without a condom; oral sex without protection; sharing needles when injecting drugs; and home tattooing and piercing using non-sterile needles.

Commonly identified populations at risk for HIV include: men who have sex with men (MSM), high risk heterosexuals (HRH), injecting drug users (IDU), and men who have sex with men who are injecting drug users (MSM/IDU).

HIV is not transmitted through hugging, kissing, massage, shaking hands, or living in the same house with someone who has HIV.

## **WHO IS THE PLAN INTENDED FOR?**

This plan is intended as a guide for HIV prevention and care workers throughout Nebraska.

It is meant to be a resource and tool for communities as they organize prevention strategies to stem the HIV/AIDS epidemic in Nebraska.

Individuals who are affected by, or interested in, HIV prevention will find this to be a useful tool to help plan for the critical HIV/AIDS prevention work that is so needed to reduce the incidence of HIV/AIDS infections in Nebraska.

The information found in this plan will give individuals, organizations, and communities a better understanding of the HIV/AIDS prevention strategies and of the challenges that face Nebraska as we fight the HIV/AIDS epidemic.

This plan is for anyone interested or impacted by HIV/AIDS in Nebraska.